



# VOLUNTEER APPLICATION

## CITY OF BLOOMINGTON COMMUNITY AND FAMILY RESOURCES DEPARTMENT

### LATINO PROGRAMS AND OUTREACH

TODAY'S DATE: \_\_\_\_\_

#### Personal Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Volunteer opportunities (Please check all that interest you)

<u>Boletin Comunitario</u>	<u>Hola Bloomington</u>	<u>www.bloomingtonlatino.net</u>	<u>Plaza Comunitaria</u>	<u>Special events</u>
? writer/reporter ? researcher ? assistant to the editor ? mailing/distribution	? message center ? researcher ? reporter ? presenter ? programmer ? production technician ? sales representative	? resource directory updates ? general updates	? class leader ? one on one tutor ? study group tutor	? publicity ? planning

#### Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	Times:	Times:	Times:	Times:	Times:	Times:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

How many hours per week could you volunteer? \_\_\_\_\_

How many hours per month could you volunteer? \_\_\_\_\_

Select your semester of preference: ? Fall ? Spring Summer

## Special talents, skills, training

Spanish language fluency:    ? beginner    ? intermediate    ? advanced    ? near native    ? native

Other Skills: \_\_\_\_\_

Training: \_\_\_\_\_

Education Background (If you are an IU student please indicate your major): \_\_\_\_\_

## Why would you like to volunteer with us?

[illegible]

? To complete a requirement for my job/fraternity/sorority      To complete a class requirement

Other: \_\_\_\_\_

Where did you hear about volunteering with us?

? Friend ? Teacher. Name : _____ ? www.bloomingtonlatino.net ? Bloomington Latino News (E-mail Message)	? Bloomington Volunteer Network (Hot List or, Herald Times Volunteer Column, or email) ? Class presentation ? Event/fair	? Hola Bloomington Radio Show ? Other Radio Show Other: _____
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## Previous volunteer experiences

Organization	Responsibility	Hours you volunteered

## References

1. Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_